

VIA FACSIMILE: 703-872-9302

PATENT
Atty. Dkt. No.: 9D-RG-19957

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cadima

Serial No.: 10/065,394

Filed: October 11, 2002

For: COOKTOP GRATE WITH FLAME
CLEARANCE

:
: Art Unit: 3743
:
: Examiner: Ferko, Kathryn
:
:

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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated July 9, 2003, please amend the above-identified patent application as follows:

ARMSTRONG TEASDALE LLP

One Metropolitan Square, Suite 2600
St. Louis, Missouri 63102-2740
Phone: (314) 621-5070
Fax: (314) 621-5065
www.armstrongteasdale.com

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: November 10, 2003

TO: Examiner: Ferko, Kathryn
Art Unit: 3743
Fax: 703-872-9302
From: Thomas M. Fisher

RE: U.S. Patent Application
Serial No.: 10/065,394
Applicant: Cadima
Atty. Dkt. No.: 9D-RG-19957

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DOCUMENTS SUBMITTED WITH TRANSMISSION:

Certificate of Facsimile Transmission (1 pg.)
Amendment Transmittal (3 pgs.)
Response to Office Action dated July 9, 2003 (22 pgs.)

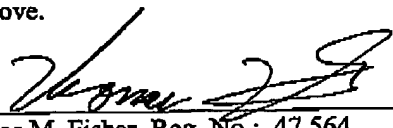
Total pages including cover page: 26

If all pages are not received, please contact: Megan Vickers at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: COOKTOP GRATE WITH FLAME CLEARANCE
Filed: October 11, 2002

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9302 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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9D-RG-19957

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cadima

Art Unit: 3743

Serial No.: 10/065,394

Examiner: Ferko, Kathryn

Filed: October 11, 2002

For: COOKTOP GRATE WITH FLAME
CLEARANCECommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
Amendment Transmittal (3 pgs.)
Response to Office Action dated July 9, 2003 (22 pgs.)
Certificate of Facsimile Transmission (1 pg.)

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No.

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Thomas M. Fisher, Reg. No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ 110.00

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00.

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL	MINUS		=	x \$9 = \$	x \$18 = \$
INDEP.	MINUS		=	x \$43 = \$	x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$	+ \$290 = \$

TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
----------------------------	----	----------------------------

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

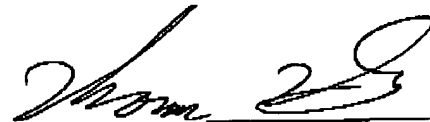
5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$110.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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